

MAIL ISSUANCE REQUEST

CASE NUMBER

FOR ISSUING OFFICE USE ONLY

RECIPIENT'S NAME

VALID FOR THE MONTH OF:

AMOUNT OF COUPONS

TO:**\$**

IF YOU PREFER TO RECEIVE FOOD STAMPS BY MAIL, PLEASE SIGN YOUR NAME:

IF YOUR ADDRESS HAS CHANGED SINCE THE LAST TIME YOU RECEIVED YOUR COUPONS IN THE MAIL, PLEASE WRITE YOUR NEW ADDRESS BELOW:

STREET, STREET NO., OR P.O. BOX

CITY

STATE

ZIP CODE

Please return this form to the county welfare department, at the following address:

ISSUING OFFICE

Mailing Deadline:*You must mail this form so that it will be postmarked no later than the last day of this month. If it is postmarked after the last day of the month, you will not receive your coupons for this month.**This form is valid only during the month for which it is issued. Households may not receive both mail and over-the-counter issuance in any one month.*